

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14621

State File No.

FILED APR 24 1953

REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>45 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		7005	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 717 W. South Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>717 W. South Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Liddie</u> b. (Middle) <u>Viola</u> c. (Last) <u>Long</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 8, 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 24, 1873</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Mins. <u> </u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette County, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jesse Oshel</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>			14. NAME OF HUSBAND OR WIFE <u>J. E. Long (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maggie McHatton, Independence, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Vascular Heart Disease & Decompensation</u> ANTECEDENT CAUSES DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				4214			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 4</u> , 19 <u>51</u> , to <u>April 8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>April 8</u> , 19 <u>53</u> , and that death occurred at <u>7:50P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl Allen M.D.</u>				23b. ADDRESS <u>Independence Mo</u>			
23c. DATE SIGNED <u>April 11/53</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Md. Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-11-53</u>		REGISTRAR'S SIGNATURE <u>James H. Kelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Neob Larson Independence, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Dean W. Huff

Licensed Embalmer No. *4914*

P. O. Address *Indep., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.